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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

MEDICAL ASSISTANCE PROGRAM					
STATE TENNESSEE					
METHODS AND	STANDARDS FO	R ESTABLISHING	PAYMENT	RATES -	OTHER TYPES OF CARE
25. Other Medicare covered services not covered under the plan are reimbursed at the full amount or at the Medicaid allowable amount.					

TN No. 89-8
Supersedes
TN No.

Approval Date 1-12-90 Effective Date 1/1/89